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SEAFORD URBAN DISTRICT COUNCIL

A N N U A L R E P O R T

of the

Medical Officer of Health

for the

YEAR ENDED - 31st DECEMBER, 1964.



SEAFORD URBAN DISTRICT COUNCIL

HEALTH & HOUSING COMMITTEE
CONSTITUTION AT DECEMBER 31st, 1964

Chairman

Councillor W. Hanson

Vice-Chairman

Councillor J.V.M. Tanner

Councillor F. M. Adami

Councillor V. E. Myers

Councillor T. M. Dibbo

Councillor F. J. Pettitt

Councillor A. H. Mowl

Councillor C. J. Taylor

Councillor J. M. Winn

PUBLIC HEALTH DEPARTMENT

Medical Officer of Health:-

J. L. Cotton, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.,

The Grange, Southover, LEWES.
Telephone No. Lewes 4282


Public Health Inspector:-

J. Murdoch, M.A.P.H.I., A.M. Inst.P.C.

Office Staff:-

Miss M. F. Cheal. (Clerk)





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To the Chairman and Members of the Seaford Health & Housing Committee

Mr. Chairman and Gentlemen,

I have the honour to submit the Annual Report on the state of public health and on the sanitary circumstances of Seaford for 1964.

The vital statistics of the area compare very favourably with those for England and Wales. The outstanding features were the rise in estimated population from 12,730 to 14,030 and the rise in infant births from 126 to 163.

Only seven cases of infectious disease were notified during the year of which six were measles (184 in 1963). However measles epidemics occur biennially and it is hoped that the present trials of a measles vaccine will prove successful and lead ultimately to a much decreased incidence of measles in the population with the added benefit of the unnecessary notification being similarly reduced. Only one new case of pulmonary tuberculosis was notified during the year compared with three new cases in 1963.

There has been no change in the position regarding Brucellosis. The matter has been raised in Parliament on several occasions and a statement is expected from the Minister of Agriculture, Fisheries and Food at any time. However, there seems to be no urgency on the part of the Government to rid our dairy herds of this scourge. As far as the human population is concerned pasteurisation of all milk supplies would solve the problem and this measure would also protect the public from all other milk-borne infections, outbreaks of which occur from time to time in different parts of the country. The supply of raw untreated milk is a potential danger to health which can be eliminated by pasteurisation.

During the latter part of the year a scheme for sewerage and sewage disposal for Bishopstone village was approved and submitted to the Ministry. This is to form part of a joint scheme with Chailey Rural District in the Norton area for the protection of the Mid-Sussex Water Board's water supply at Poverty Bottom.

The East Sussex County Council as the Local Health Authority have still not reached a decision on the fluoridation of water supplied in the County area. Meanwhile children's teeth are decaying at a faster rate than need be. I can only reiterate what I have said on previous occasions. All the evidence shows that the amount of dental decay in the population can be more than halved when fluoride is present to the concentration of one part per million (1 p.p.m.) in the water supply. The benefit is first apparent in children but after a number of years these children will enter adult life with sound teeth and so the state of the nation's teeth will steadily improve. No evidence that will stand up to investigation has been produced that fluoride occurring in water in the concentration of 1 p.p.m. has any harmful effects whatsoever. Millions of people in various parts of the world are drinking water that contains fluoride in a concentration of 1 p.p.m. or more without any harmful effects but with excellent teeth. The same results are found in areas where fluoride is artificially introduced into the water supply to raise the concentration of the naturally occurring fluoride to 1 p.p.m. The state of the nation's teeth is deplorable and it is sound preventive medicine to remedy this by artificially raising the level of fluoride to the level at which teeth can benefit. In mid 1964 fluoride was being added to the water supplied

to the whole or part of the areas of twelve of the one hundred and forty eight Local Health Authorities in England and Wales. The withdrawal of the case that was to have been heard against Watford Borough to test the legality of fluoridation should lead to a speeding up of the fluoridation of public water supplies throughout the country.

With the Aberdeen typhoid outbreak still fresh in mind, I should like to comment once again on the need for eternal vigilance against the ingestion diseases; that is, those diseases caused by organisms entering the body through the mouth. Methods of control are chiefly prevention of bowel to mouth infection by sanitary disposal of excreta and provision of pure food and drink. Whilst our drinking water supplies can be considered safe, the same cannot be said of our food supplies. The handling of food all too often leads to contamination with the resulting outbreaks, particularly of food poisoning and dysentery; typhoid is now normally an uncommon disease in the country. If food was handled hygienically this contamination would not occur but standards of food hygiene are sometimes deplorably low. Hand washing is essential after use of the toilet for everyone if the risk of contamination is to be reduced. If a food handler neglects this precaution he can risk the health of many people. The general public could do much more to raise the standards of food hygiene by refusing to tolerate any insanitary methods of food handling. They should complain loudly and continuously whenever cooked foodstuffs are touched by hand, whenever they are served with dirty or chipped crockery and dirty cutlery and whenever adequate toilet facilities do not exist. There is a tendency in this country to put up with existing conditions rather than to complain, but the more complaints there are about these unhygienic practices, the more the work of the public health department is helped. Your officials can only do a certain amount; it is up to the public to raise their standards. They will get the standard of service they demand.

During the year the decision was taken to strengthen the staff of the public health department by the appointment of an assistant public health inspector. This became necessary in view of the rapidly rising population (an increase of almost 4,000 in the last ten years) and by the ever increasing duties to be carried out by the department.

In conclusion, I should like to express my appreciation to the Members of the Council for the help and support I have received from them during the year. My thanks are also due to Mr. Murdoch for his valuable assistance and to other officials of the Council for their courtesy and co-operation.

I am Mr. Chairman and Gentlemen,
Your obedient Servant,

J. L. COTTON,

Medical Officer of Health

SECTION I

STATISTICS OF THE AREA

(a) GENERAL STATISTICS

Area (acres)	4,274
Population (Registrar General's estimate for mid year 1964)	14,030
Population (1901 Census)	3,355
Population (1931 Census)	6,925
Population (1951 Census)	9,001
Population (1961 Census)	10,994
Net increase in population during year.	1,300
Number of inhabited houses 1931	1,480
Number of inhabited houses 1951	2,606
Number of inhabited houses 1961	3,800
Number of inhabited houses 1963 (estimated)	4,500
Rateable Value (1st April, 1965)	£596,230
Product of a penny rate 1965-1966	£2,355

(b) VITAL STATISTICS

1. Births & Birth Rates

	<u>SEAFORD</u> <u>U.D.</u>	<u>ENGLAND</u> <u>& WALES</u>
Live births	163	
Live birth rate per 1,000 population (crude)	11.6	
* Corrected birth rate	22.5	18.4
Illegitimate live births per cent of total live births	9.2	
Still births	2	
Still birth rate per 1,000 live and still births	12.1	16.3
Total live and still births	165	
	Male Female Total	
Live births		
Legitimate	76	72 148
Illegitimate	6	9 15
Totals:	82	81 163
	Male Female Total	
Still births		
Legitimate	2	- 2
Illegitimate	-	- -
Totals:	2	- 2

2. Deaths & Death Rates

Deaths	190	
Death rate per 1,000 population (crude)	13.5	11.3
* Corrected death rate	7.4	
Infant deaths (deaths under 1 year)	1	

2. DEATHS & DEATH RATES (Continued)

	<u>SEAFORD</u> <u>U.D.</u>	<u>ENGLAND</u> <u>& WALES</u>
Total infant deaths per 1,000 total live births	6.1	20.0
Legitimate infant deaths per 1,000 legitimate live births	6.7	-
Illegitimate infant deaths per 1,000 illegitimate live births	0	-
Neo-natal mortality rate (deaths under 4 weeks per 1,000 live births	0	13.8
Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births)	0	not available
Perinatal mortality rate (still births and deaths under 1 week combined per 1,000 total live and still births)	12.1	"
Maternal mortality (including abortion) Number of deaths	0	226
ate per 1,000 live and still births	0	0.25

* In order to compare death rates and birth rates in different parts of the country, the Registrar-General supplies comparability factors for every district, so as to adjust for irregularities regarding age and sex in the local population. Applying a comparability factor of 1.94 to the crude birth rate of 11.6, the adjusted rate becomes 22.5 which is above the rate for England and Wales at 18.4. Similarly a comparability factor of 0.55 applied to the death rate makes the adjusted rate 7.4. This is below the rate for England and Wales at 11.3.

POPULATION

The population of Seaford for the last ten years is as follows:-

<u>Year</u>	<u>Population</u>	<u>Births</u>	<u>Deaths</u>	<u>Birth</u> <u>Rate</u>	<u>Adjusted</u> <u>Birth</u> <u>Rate</u>	<u>Death</u> <u>Rate</u>	<u>Adjusted</u> <u>Death</u> <u>Rate</u>
1955	10,550	90	154	8.53		14.59	
1956	10,670	82	166	7.68		15.56	
1957	10,780	102	150	9.46		13.91	
1958	10,910	100	161	9.16		14.76	
1959	11,080	105	178	9.48		16.06	
1960	11,480	114	172	9.93	11.38	14.97	12.15
1961	11,860	111	184	9.35	10.75	15.52	12.57
1962	12,230	123	182	10.1	11.2	14.9	12.5
1963	12,730	126	217	9.9	16.4	17.0	11.6
1964	14,030	163	190	11.6	22.5	13.5	7.4

The population shows an increase of 1,300 over the figure of 12,730 for 1963, which is considerably greater than for the last year. The population figures are the Registrar General's mid-year estimate in each case.

MATERNAL MORTALITY

No case of maternal mortality was recorded in Seaford during 1964. Only one maternal death has occurred in the district during the past fifteen years, during which period 1,740 births have taken place.

INFANTILE MORTALITY

One infant death occurred during 1964.

BIRTH RATE

The crude birth rate for 1964 was 11.6 per 1,000 population.

DEATH RATE

The crude death rate for 1964 was 13.5 per 1,000 population and does not call for any comment. The average age at death of Seaford residents was 72.2 years.

Highest age at death was 99 years.

Lowest age at death was 5 months.

MAIN CAUSES OF DEATH

	% of deaths	
(1) Diseases of the heart and circulatory system.	72	37.9
(Coronary disease accounted for)	32	16.8
(2) Cancer (all sites)	47	24.7
(Cancer of the lung or bronchus accounted for)	12	6.3

NATIONAL ASSISTANCE ACT 1948

NATIONAL ASSISTANCE (AMENDMENT) ACT 1951

It was not necessary to take action under Section 47 of the above Act which gives the Council power to remove to suitable premises persons who are not able to devote to themselves and are not receiving from other persons adequate care and attention.

Cause of Death	Sex	Total	Under	4 Weeks	Ages in Years								
		All Ages	4 Weeks	& under 1 Year	1-	5-	15-	25-	35-	45-	55-	65-	75 & over
Tuberculosis	M	-	-	-	-	-	-	-	-	-	-	-	-
- Respiratory	F	1	-	-	-	-	-	-	-	-	-	1	-
Other infective & Parasitic diseases	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	2	-	-	-	-	-	-	-	1	-	1	-
Malignant Neoplasm	M	-	-	-	-	-	-	-	-	-	-	-	-
- Stomach	F	2	-	-	-	-	-	-	-	-	-	1	1
Malignant Neoplasm	M	9	-	-	-	-	-	-	-	-	2	4	3
- Lung, Bronchus	F	3	-	-	-	-	-	-	-	-	-	3	-
Malignant Neoplasm	M	-	-	-	-	-	-	-	-	-	-	-	-
- Breast	F	5	-	-	-	-	-	-	-	-	1	2	2
Malignant Neoplasm													
- Uterus	F	4	-	-	-	-	-	-	-	1	-	1	2
Other Malignant & Lymphatic Neoplasms	M	13	-	-	-	-	-	-	-	-	3	6	4
	F	10	-	-	-	-	-	-	-	-	1	3	6
Leukemia, Aloukemia	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	1	-	-	-
Vascular Lesions of Nervous System	M	10	-	-	-	-	-	-	-	-	-	4	6
	F	15	-	-	-	-	-	-	-	-	1	4	10
Coronary Disease	M	26	-	-	-	-	-	-	1	3	6	10	6
- Angina	F	6	-	-	-	-	-	-	-	1	-	3	2
Hypertension with Heart Disease	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	3	-	-	-	-	-	-	-	-	-	-	3
Other Heart Disease	M	10	-	-	-	-	-	-	-	-	-	3	7
	F	15	-	-	-	-	-	-	-	-	-	7	8
Other Circulatory Disease	M	6	-	-	-	-	-	-	-	-	1	1	4
	F	6	-	-	-	-	-	-	-	-	1	1	4
Pneumonia	M	2	-	-	-	-	-	-	-	-	-	1	1
	F	5	-	-	-	-	-	-	-	-	1	1	3
Bronchitis	M	4	-	-	-	-	-	-	-	1	-	-	3
	F	4	-	-	-	-	-	-	-	1	-	-	3
Ulcer of Stomach & Duodenum	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	1	-	-
Gastritis, Enteritis & Diarrhoea	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	-	1
Nephritis & Nephrosis	M	2	-	-	-	-	-	-	-	1	1	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
Other Defined & Ill Defined Diseases	M	2	-	-	-	-	-	1	-	1	-	-	-
	F	14	-	-	-	-	-	1	-	1	2	2	8
Motor Vehicle Accidents	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	-	1
All other Accidents	M	1	-	1	-	-	-	-	-	-	-	-	-
	F	4	-	-	-	-	1	-	-	-	-	1	2
Suicide	M	2	-	-	-	-	-	-	2	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL ALL CAUSES	M	87	-	1	-	-	-	1	3	6	13	29	34
	F	103	-	-	-	-	1	1	-	6	8	31	56

SECTION II

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

PUBLIC HEALTH FACILITIES OF THE LOCAL AUTHORITY

During the period under review, the Medical Officer of Health for Seaford also acted as Medical Officer of Health for the Borough of Lewes, the Urban District of Newhaven and the Rural District of Chailey.

One Public Health Inspector carried out his particular duties in the Urban District of Seaford.

LABORATORY FACILITIES

These are provided by the Public Health Laboratory at the Royal Sussex Hospital, Brighton.

AMBULANCE FACILITIES

This service is supplied by the East Sussex County Council who have one ambulance stationed in Seaford.

HOSPITAL FACILITIES

Although there are no hospital facilities in Seaford, Seaford residents have available the hospital and specialist services provided by the Eastbourne Hospital Management Committee in Eastbourne. Similar facilities are provided in Brighton by the Brighton and Lewes Hospital Management Committee. Both these Management Committees are in the area of the South Eastern Metropolitan Regional Hospital Board.

Cases of infectious disease requiring hospital treatment are admitted into Foredown Hospital, Portslade. Any case of smallpox occurring in the district should be sent to the River Hospitals, Longreach, Dartford, Kent.

NURSING IN THE HOME

As in previous years, the East Sussex County Council, as empowered by Section 25 of the National Health Service Act, 1946, has arranged for this service to be provided by the East Sussex County Nursing Association through the District Nursing Associations.

PROVISION FOR THE CARE OF MENTALLY DISORDERED

The East Sussex County Council administers the Mental Health Services in respect of patients outside Institutions. All institutional care is the responsibility of the Regional Hospital Board.

CLINICS AND TREATMENT CENTRES

Services provided by the East Sussex County Council Clinic in Sutton Road include:-

Infant Welfare	2nd and 4th Tuesday
Ante-natal	Thursday
Child Guidance	Wednesday
Dental	Monday, Tuesday, Wednesday and occasionally Thursday
Diphtheria Immunisation	1st Friday
Poliomyelitis Vaccination	3rd Friday
Distribution of Welfare Foods	Tuesday and Friday afternoons
Mothercraft and Ante-natal relaxation classes	Mondays 3-4.30 p.m.
Chiropody	2nd and 4th Wednesday (conducted by the District Nursing Association)

SECTION III

SANITARY CIRCUMSTANCES OF THE AREA

Mr. J. Murdoch has furnished the following report on the sanitary supervision of the district.

1. STAFF

During the year under review the staff of the department consisted of one Public Health Inspector, one clerical assistant and one part-time rodent operator.

2. REHOUSING

Ten two-bedroom houses were completed during the year and work was commenced on a block of twenty group flatlets with communal facilities and warden service for the elderly. The pressure on the waiting list for the elderly continued to increase and this increase is likely to be maintained for years to come as the Seaford area is one which attracts many people of retirement age. Since 1958 the Council have built 60 one-bedroom flats to cater for this special class of applicant and the group flatlets now under construction are another useful contribution to the pool of available accommodation.

310 houses were built by private enterprise during the year, compared with 282 in 1963.

Statistics

The position with respect to the number of applicants on the housing waiting list at the end of the year was as follows:-

	<u>1st January 1964</u>	<u>31st December 1964</u>
Main List.	93	91
One-bedroom Flat List.	<u>77</u>	<u>84</u>
	<u>170</u>	<u>175</u>

New Applications Received

Main List.	47
One-bedroom Flat List.	24
Number of families rehoused.	25
Number of families transferred.	13
Number of families exchanging accommodation.	3

3. PREVENTION OF DAMAGE BY PESTS ACT 1949 - RODENT CONTROL

A part-time rodent operator was employed four hours each day for five days per week under the general supervision of the Public Health Inspector. A free service was provided to private dwelling houses, while all business premises were required to pay on a fixed hourly rate for treatments carried out.

The number of complaints received during the year showed a considerable increase on the total for the previous year. This may be due to the large amount of new building under construction much of which is situated on the edge of the town adjacent to rural areas. It has been found over the past few years that building sites are often sources of minor infestations.

In connection with all types of property 221 were inspected of which 151 were found to be infested. The treatments and inspections carried out involved 1,060 visits.

4. SUPERVISION OF FOOD PREMISES

Milk

Three biological milk samples were taken throughout the year being subjected to tests for penicillin in addition to the brucella ring test and the usual biological tests for tuberculosis. One brucella test was strongly positive and the necessary follow-up procedure regarding notifications to the required authorities was carried out. A subsequent sample was negative in all respects.

Ice-cream

Fifty-four premises within the district are registered for the storage and sale of ice-cream. One vendor continued to make his ice-cream on a small scale and constant supervision of the plant was carried out including regular sampling.

A complaint was received concerning the sale of a quantity of ice-cream which was alleged to have an unpleasant taste. A sample was submitted to the Public Analyst who reported that in his opinion this taste was due to an excess of flavouring ingredient, vanillin or ethyl vanillin, probably used to simulate a chocolate flavour.

Sampling

Thirteen samples were taken during the year and the results of the Methylene Blue tests were graded as follows:-

Grade I	6
Grade II	3
Grade III	3
Grade IV	1

The unsatisfactory samples in Grade III and IV were followed up with further samples while investigations were also made as to possible reasons for these low grades. The standard of hygiene was found to be reasonable in all cases.

Food Premises

The food premises register now contains records of premises as follows:-

4 Bakehouses	3 Fish shops
8 Butchers	1 Fried Fish shop
2 Dairies	10 Hotels
16 Grocers	6 Mixed business
14 Confectioners	8 Public Houses
10 Greengrocers	1 Snack bar
5 Bakers and Confectioners	1 Coffee bar

Despite pressure of other work every attempt was made to maintain a reasonable standard of hygiene throughout food premises within the district. The changing nature of the food trade whereby almost all food distribution is on a large scale, continues to present the problem of stock rotation with regard to perishable items. It is all too easy for an error in the long chain of distribution to result in the sale of an item which is unfit for human consumption through having been retained too long at some stage of its journey from the preparation premises to final sale.

Close liaison was maintained with the East Sussex County Council as Food and Drugs Authority in cases where food was below the necessary standards of fitness or quality.

No cases of food poisoning were notified during the year.

Food Inspection

The following items were found to be unfit for human consumption and accordingly surrendered by the vendors concerned for disposal:-

Decomposition

- 9 lbs. sheep Kidneys
- 1. 9 lbs. tin Ham.
- 1. 4 lbs. tin Corned Beef
- 1. 14 lbs. 11 ozs. Cooked Ham
- 5 stone Dogfish
- 6. 4 lbs. tins Ham
- 1. 14 lbs. 7 ozs. tin Ham
- 2 boxes Kippers
- 1. 4 lbs. tin Pork

Blown and Leaking Tins

- 6. 1 lbs. 3 ozs. Grapefruit
- 1. 6 lbs. tin Ox Tongue

Decomposition following Deep Freeze Cabinet Breakdown

A total of 61 lbs. 13½ ozs. of frozen foods was condemned following the breakdown of a deep freeze cabinet. This is another hazard of modern methods of food storage which will no doubt be encountered from time to time.

5. WATER SUPPLY

The water supply to the Urban District is provided by the Mid-Sussex Water Company. Several samples were taken of this water supply throughout the year and submitted to the Public Health Laboratory at Brighton as a test for bacterial purity. All the samples submitted were found to be satisfactory in all respects.

Almost every property throughout the district has a piped water supply provided by the Company direct to the house and in all cases the quality and quantity was maintained satisfactorily. A well supplying a restaurant in a rural section of the district was kept under close observation and regular samples proved to be of a good standard at all times.

6. SEWERAGE

The Urban District is almost completely sewered with the exception of Bishopstone Village and a scheme for the provision of sewers for this

village is under consideration. The development of the area is throwing an increasing load on the sewerage system at several points and some major improvements may be required within the not so distant future.

Disposal is by means of discharge into the sea via an outfall completed several years ago in conjunction with a new sea defence groyne.

7. CARAVANS

There is only one licensed site in the Urban District, consisting of 200 caravans at Hawth Hill. The standard maintained of amenities and also of the general administration of the camp is quite high, and no complaints have been received. The camp is open on a seasonal basis only, the period being from Easter until October.

The isolated caravans scattered throughout the district in conjunction with dwelling houses and under the exemption covering employees on building and engineering sites, add little to the amenities or appearance of the area. The only control is a check on satisfactory washing and sanitary facilities and this is carried out whenever possible.

8. PUBLIC HEALTH - HOUSING

Number of nuisances and housing defects	47
Number where nuisance abated or defects remedied as a result of informal notice	47
Number of Statutory Notices served	Nil
Number of Statutory Notices complied with	Nil
Closing Order on buildings and still operative	6

9 GENERAL DUTIES

The health administration of the district involved visits under various acts to a wide range of premises. The total number of visits made on health administration apart from those already listed was 435. In addition a considerable number of interviews were necessary as was attendance at Committee and Sub-Committee Meetings throughout the year.

10. OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

The Act came into operation during the year under consideration. This thrust an additional burden on the department and in the main, work under this Act was confined to the registration of applicable premises. 138 premises were registered up to December of 1964 but there are undoubtedly quite a number still to be registered within the Urban District.

11. FACTORIES ACT, 1961

In the Urban District there are nine factories on the register in which Section 1, 2, 3, 4 and 6 of the above Act are enforced and 30 factories in which 7 only is enforced. During 1964 twenty-one inspections were carried out. Details are as follows:-

PART I of the ACT

1. Inspections for purposes of provisions as to health
(including inspections made by the Public Health Inspector)

PREMISES	NUMBER ON REGISTER	NUMBER OF		
		INSPECTIONS	WRITTEN NOTICES	OCCUPIERS PROSECUTED
(i) Factories in which Sections 1,2,3,4& 6 are to be enforced by Local Authorities.	9	5	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	30	16	-	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority. (excluding out- workers' Premises)	-	-	-	-
<u>TOTALS:</u>	39	21	-	-

2. CASES in which DEFECTS were found:

PARTICULARS	NUMBER OF CASES IN WHICH defects were found	
	FOUND	REMEDIED:
Want of cleanliness	2	2
Overcrowding	-	-
Unreasonable temperature	-	-
Inadequate ventilation	-	-
Ineffective drainage of floors	-	-
Sanitary Conveniences		
(a) Insufficient	-	-
(b) Unsuitable or defective	-	-
(c) Not separate for sexes	-	-
Other offences against Act (Not including offences relating to Outwork)	-	-
<u>TOTALS:</u>	2	2

PART VIII of the ACT
OUTWORK
(SECTIONS 133 and 134)

NIL

SECTION IV

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

INFECTIOUS DISEASES

7 cases of infectious disease were notified in Seaford during 1964. The details were as follows:-

DISEASE	Number of cases	Cases admitted to hospital	Deaths
Measles	6	-	-
Whooping Cough	-	-	-
Erysipelas	1	-	-
TOTALS:	7	-	-

The following figures relating to Vaccination and Immunisation are supplied by the East Sussex County Council.

DIPHTHERIA IMMUNISATION

	Children born in years:-							TOTAL
	1964	1963	1962	1961	1960	1955 1959	1950 1954	
A. NUMBER OF CHILDREN WHO COMPLETED A FULL COURSE OF PRIMARY IMMUNISATION IN THE AUTHORITY'S AREA (including temporary residents) DURING 1964	89	66	8	-	-	3	7	173
B. NUMBER OF CHILDREN WHO RECEIVED A SECONDARY (REINFORCING) INJECTION (i.e. subsequently to primary immunisation at an earlier age) DURING 1964	-	27	68	9	6	179	318	607

Since immunisation was first introduced there has been a persistent and dramatic fall in the number of cases of diphtheria and also in the number of deaths from diphtheria. This fall continued until a year or two ago but since that time several locally severe outbreaks of diphtheria have occurred. I cannot urge parents too strongly to ensure that their children are protected against this disease since almost all the cases and deaths occur amongst non-immunised children. It has become all too common to regard diphtheria as a dying disease and to think that because it is no longer prevalent, there is no need to have children immunised. This is a very dangerous practice and every child should be immunised during infancy and again at the start of school life.

WHOOPING COUGH IMMUNISATION

	Year of birth							TOTAL
	1964	1963	1962	1961	1960	1955 1959	1950 1954	
NUMBER OF CHILDREN WHO HAVE COMPLETED A PRIMARY COURSE (normally three injections) OF PERTUSSIS VACCINE (singly or in combination) IN THE AUTHORITY'S AREA DURING THE YEAR 1964	89	66	7	-	-	-	-	162

VACCINATION AGAINST SMALLPOX

The following persons were Vaccinated or revaccinated against smallpox in 1964.

AGE AT DATE OF VACCINATION	0-3 months	3-6 months	6-9 months	9-12 months	1 year	2-4 years	5-14 years	15 yrs. or over	TOTAL
NUMBER VACCINATED	-	2	2	2	55	7	4	10	82
NUMBER REVACCINATED	-	-	-	-	-	-	47	120	167

During and since the recent outbreaks of smallpox a lot of confusion has been caused to the general population by the arguments for and against smallpox vaccination. The Ministry of Health have now issued a Memorandum on Vaccination against smallpox. The salient features are as follows:-

A. Routine Primary Vaccination in Early Childhood

(1) Optimum Age - Routine primary vaccination is not now recommended in the first few weeks of life but should be done before the age of 2 years, preferably during the second year.

(2) Contra-indications -

- (a) exposure to infectious disease
- (b) septic skin conditions
- (c) infantile eczema or any other allergic condition - these are absolute contra-indications to routine primary vaccination.
- (d) hypogammaglobulinaemia
- (e) cortico-steroid treatment
- (f) failure to thrive

B. Routine Primary Vaccination at Later Ages

(1) Although at any age the risk of serious complications following vaccination is much smaller than the risk of death run by those exposed to smallpox while unvaccinated, primary vaccination is not advised as a routine after early childhood.

But, if not performed in early childhood, primary vaccination at a later age may eventually become necessary e.g. when serving with the armed forces, as a condition of employment and before undertaking foreign travel.

- (2) Contra-indications, Consideration must be given to:-
- (a) septic skin conditions
 - (b) a history of or the presence of eczema.
 - (c) hypogammaglobulinaemia
 - (d) cortico-steroid treatment. It is not considered wise to vaccinate routinely patients who are receiving systemic cortico-steroid treatment.
 - (e) early pregnancy. On general principles it is desirable to avoid the use of a live vaccine during the first trimester of pregnancy.

C. Vaccination in the presence of Smallpox

The object is, by primary vaccination or revaccination as soon after exposure or, at most, within three days, to enable the individual to gain immunity to smallpox within the normal incubation period of that disease. In the presence of suspected smallpox there are no absolute contra-indications to the immediate vaccination or revaccination of all close contacts.

SECTION V
TUBERCULOSIS

In 1964, one new case of pulmonary tuberculosis was notified amongst Seaford residents and in addition, five cases of pulmonary tuberculosis and one of non-pulmonary tuberculosis were notified amongst people coming to live in the area. One case which had previously been removed from the register was restored during the year. There was one death from tuberculosis. Two cases were reported as recovered and were removed from the register during the year.

<u>AGE PERIOD</u>	<u>NEW CASES AND MORTALITY 1964</u>							
	<u>NEW CASES</u>				<u>DEATHS</u>			
	<u>Pulmonary</u> M	<u>F</u>	<u>Non-pulmonary</u> M	<u>F</u>	<u>Pulmonary</u> M	<u>F</u>	<u>Non-pulmonary</u> M	<u>F</u>
Under 1 year	0	0	0	0	0	0	0	0
1 - 4	0	0	0	0	0	0	0	0
5 - 14	0	0	0	0	0	0	0	0
15 - 24	0	1 new 1 r. ^R	0	0	0	0	0	0
25 - 34	1 in	0	0	0	0	0	0	0
35 - 44	1 in	0	0	0	0	0	0	0
45 - 54	1 in	0	0	0	0	0	0	0
55 - 64	1 in	0	1 in	0	0	0	0	0
65 +	1 in	0	0	0	0	1	0	0
Age unknown	0	0	0	0	0	0	0	0
TOTALS	5	2	1	0	0	1	0	0

^R R. = Restored to register

Number of cases on register at December 31st 1964

<u>MALES</u>		<u>FEMALES</u>		<u>TOTAL</u>
<u>Pulmonary</u>	<u>Non-pulmonary</u>	<u>Pulmonary</u>	<u>Non-pulmonary</u>	
38	4	26	7	75

Whereas at December 31st, 1963, the number of cases on the register was:-

35	3	26	8	72
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